**TEST DATA SETUP – PRIOR TO STARTING TESTING**

Alabama Medicaid does not provide test data but instead provides a user acceptance test environment that is similar to the production environment without production claims data.  Therefore the Recipient and Provider data submitted to production is also available in the user acceptance testing environment.  A few notes to consider prior to starting testing.

1.  Recipient eligibility may not match what is currently in production so it is suggested that a list of Recipient Medicaid IDs ONLY that will be used for testing be submitted securely to [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com).  If you are unable to send the information securely please send an email with contact name and number, someone will contact you to assist with this process.  This list will be reviewed and the recipient eligibility/level of care will be updated to reflect what is currently in production.

2.  Prior Authorization request should be submitted using the prior authorization online forms when logged in as a provider on the provider web portal or by submitting a batch 278 prior authorization request.  The prior authorization numbers returned in the response should be submitted to [alabamaictesting@hp.com](mailto:alabamaictesting@hp.com) .  This list will be reviewed and prior authorization records approved to accommodate claims billing and to avoid prior authorization denials.

3.  Data in the user acceptance test environment is strictly for testing.

4.  Claims data submitted in production is not available in the user acceptance test environment.

To assist in turning around these updates in a timely manner for multiple requests from multiple testers we ask that the list submitted be kept to 1 list for recipient and 1 list for prior authorization per week with no more than 20-30 per list.  The list will be completed within 24 hours and a response will be returned once completed notifying you that testing may begin.

**ICD-9 and ICD-10 TESTING DATES**

In order to facilitate testing both the end of ICD-9 code submission and the beginning of ICD-10 code submission, Alabama Medicaid has provided testing dates different than the CMS mandate date that will allow a provider to submit claims with ICD-9 codes and claims with ICD-10 codes to ensure processing will work as expected in anticipation of the CMS implementation.

### CURRENT TEST DATES

| | |
|---|---|
| **ICD-9 END DATE** | **08/25/2013** |
| **ICD-10 START DATE** | **08/26/2013** |

**ICD-9 and ICD-10 TEST DATE NOTES**
1. These changes do not apply to Dental or Pharmacy claims.
2. Future dated claims are not allowed.
3. A claim must have either all ICD-9 codes OR all ICD-10 codes. Both versions submitted on a claim together will not be allowed and claims will be denied.

Multiple ICD Version examples:

| From Date of Service | To Date of Service | ICD Version | Results |
|---|---|---|---|
| 08/24/2013 | 08/24/2013 | $1^{st}$ Diagnosis = ICD-9<br>$2^{nd}$ Diagnosis = ICD-9 | Pass edits for multiple ICD versions |
| 08/27/2013 | 08/27/2013 | $1^{st}$ Diagnosis = ICD-10<br>$2^{nd}$ Diagnosis = ICD-10 | Pass edits for multiple ICD versions |
| 08/26/2013 | 08/26/2013 | $1^{st}$ Diagnosis = ICD-9<br>$2^{nd}$ Diagnosis = ICD-10 | Deny for having multiple ICD versions present on claim (EOB 308) |
| 08/26/2013 | 08/26/2013 | $1^{st}$ Diagnosis = ICD-9<br>$1^{st}$ Surgical Procedure = ICD-10 | Deny for having multiple ICD versions present on claim (EOB 306) |

4. When submitting a test claim with an ICD-9 code the date of service on the claim should be prior to or equal to 08/25/2013.

ICD-9 test claim submission examples:

| From Date of Service | To Date of Service | ICD Version | Results |
|---|---|---|---|
| 08/24/2013 | 08/24/2013 | ICD-9 | Pass edits for date of service and ICD version submitted |
| 08/25/2013 | 08/25/2013 | ICD-9 | Pass edits for date of service and ICD version submitted |
| 08/26/2013 | 08/26/2013 | ICD-9 | Deny due to ICD-9 code billed after ICD-9 end date (EOB 310) |
| 08/25/2013 | 08/26/2013 | ICD-9 | Deny due to span dating the ICD-9 end date – claim will need to be split billed (EOB 841) |

5. When submitting a test claim with an ICD-10 code the date of service on the claim should be equal to or after 08/26/2013 (dates of service should not be future dates (DOS <= current date)).

ICD-10 test claim submission examples:

| From Date of Service | To Date of Service | ICD Version | Results |
|---|---|---|---|
| 08/25/2013 | 08/25/2013 | ICD-10 | Deny due to ICD-10 code billed prior to the ICD-10 start date (EOB 310) |
| 08/26/2013 | 08/26/2013 | ICD-10 | Pass edits for date of service and ICD version submitted |
| 08/27/2013 | 08/27/2013 | ICD-10 | Pass edits for date of service and ICD version submitted |
| 08/25/2013 | 08/26/2013 | ICD-10 | Deny due to span dating the ICD-10 start date – claim will need to be split billed (EOB 840) |

6. In some cases a claim may span the ICD-9 end date and ICD-10 start date. Alabama Medicaid will be following the CMS direction for processing span dated claims. Please review the Medicare Learning Network Article published in regards to processing span date claims. **http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1325.pdf**